COUNTY TAIL WILL HUMIN THE LITE OF THE	No. 44/4 1. 7/10
STATE OF SOUTH CAROLINA	237250
	) BEFORE THE
(Caption of Case)	) PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	) OF SOUTH CAROLINA
John Dae dba Doe's Limo	)
_	TRANSPORTATION COVER SHEET
Application for a Class C	)
Application for a Class C Charter Certificate from	DOCKET
	) NUMBER: 2012 - 249 - T
SERGEY YERMOLAYEV	)
dba	) If this is your first time filing an application with the PSC, you will not
Sergey's Limo	have a Docket Number. The Commission will assign one to you. If you
027 9 c 7 0 27	have filed with the Commission before, a Dacket Number was assigned and should be entered above.
(Please type or print)	
Submitted by: SERBEY YERMOLAYEV	Telephone: (843) - 330 - 9270
Address: 1637 Mulberry StApl	
CHARLESTON SC 29407	_ Other:
- 2	
	Email: ERMOLA EV-52 @mailRU
NOTE: The cover sheet and information contained herein neither replace	ces nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service be filled out completely.	Commission of South Carolina for the purpose of docketing and must
NATIRE OF ACTION	Y-(Check-all-that-annia)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxl	KII
	Request to Amend Scope of Authority
Application - Class C Charter JUN 2 0 20	12 Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	<u> </u>
OH5	Request to Amend Passenger Limit
Application - Class C Non-Emergency T,T,W,W	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	
Application - Class E Hazardous Waste	
_	Letter  JUN 2 6 2012
Application	
Request for Extension to Comply with Order	PSC SC CLERICE CLERICE
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
of Public Convenience and Necessity to be Rescinded	☐ 199901 AUTON SCHOL
·	Response
Request for Cancellation of Certificate	[7] W W
Request for Suspension	Keturn to Petition
	Return to Petition
	Other:
Request for Reinstatement	~

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
address: Post Office Drawer 11649, Columbia, SC 293

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	TECHA TIL
CLASS C - CHARTER	JUN 2 0 2012 Date: 06/18/2012
	PSO SO OLEF. U OFFICE
	ertificate of Public Convenience and Necessity, in accordance with the provision eq. (1976), and amendments thereto.
. Name under which business is to be	conducted (corporation, partnership, or sole proprietorship) with or without trade name.
1637 Mylk	Street Address of Applicant
Maili	ng Address of Applicant (if different from street address)
Phone	ERMOLAEV - 52 @ maje, RU  Email Address
	Email Address
	orporation, a copy of the Certificate of Existence from the South Carolina es of Incorporation must be attached. (If incorporated outside of SC, attach South eign Corporation" Certificate.)
. Select Entity Type: (Check one)	
☑ Individual Owner/Sole Prop	rietorship
Partnership - List names and	d addresses of all person having an interest in the business.
Corporation - List names and	d addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Assets:

Assets:	
Cash	\$12,000,00
Receivables	NIA
Real Estate	N/A
Buildings and Equipment (Net)	N-/A
Motor Vehicles (Net)	\$1,000.00
Garage Equipment (Net)	-f7
Machinery and Tools (Net)	100.00
Supplies on Hand	<del>1</del>
Preparets and Other Assets	
Total Assets*	13,100.00
	1,2,100.00
Liabilities and Equity:	
Accounts Payable	A
Notes Payable	<i>A</i>
Mortgages Payable	<del>()</del>
Equipment Obligations	A
Accrued Salaries and Wages	$\theta$
Other Accrued Obligations	· 17
Other Liabilities	$\Theta$
Total Liabilities	0
Capital Stock	
Retained Earnings	#
	$\theta$
Total Equity	$\theta$
Total Liabilities and Equity*	<del>O</del>

<sup>\*</sup> Total Assets = Total Liabilities and Equity

: 17

Charleston

Pairfield

#### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

per trip from Hotels Downtown CHARLESTON to

International airport

1 person - 35 \$
2 persons - 35 \$
3 persons - 50 \$

per trip from Hotels Downtown to restaurants

1 person - 5 \$
2 persons - 5 \$
2 persons - 5 \$
3 persons - 9 \$

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina. Abbeville Cherokee Florence Lee Saluda Alken Chester Georgetown | Lexington Spartanburg Allendale Chesterfield Greenville Marion Sumter Anderson Clarendon Greenwood Marlboro Union Bamberg Colleton Hampton McConnick Williamsburg Barnwell Darlington Horry Newberry York Beaufort Dillon Jasper Oconce Berkeley Dorchester Kershaw Orangeburg ☐ Statewide Calhoun Edgefield Lancaster | Pickens

Richland

Laurens

#### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

To be purchased upon approval

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

- 8-15 Passengers, including driver

10

	MAKE N/A	YEAR & MODEL	VIN# ASSOVA)	EMPTY WEIGHT
-				
-				

## INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:
Sergey's Limo
Sergey's Lim d  Name of Motor Carrier  1637 Mulberry St At D Charleston, SC 29407  Address of Motor Carrier
Amount of Premium:  Limits Quoted: (See Below)
Liability Insurance \$ 2500.00 Limits 25/50/25
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers 25,000/50,000/25,000
8-15 Passengers \$ 25,000/100,000/25,000
Hospitality Insurance Agency, LLC Name of Insurance Company
Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina,
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making the above quote

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (203) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

## Exhibit Fit, Willing, and Able (FWA)

		SERGEY	YERMOLAYEV
_			Name of Applicant
		any outstanding judg	ments against the Applicant?
	O Yes	No	
	If Yes, indicate nat	ture of judgement(s) a	igainst applicant,
	A/A		
	10 (1)		
2. ]	s Applicant familia	r with all statutes and	regulations, including safety regulations and governing for-hire motor
•	earrier operations in tatutes and regulati	i South South Carolin	a, and does Applicant agree to operate in compliance with these
	Yes	O No	
3. I	s Applicant aware :	of the Commission's i	nsurance requirements and the insurance premium costs associated
ť	herewith?		
	May Veg	$\bigcirc$ N <sub>0</sub>	

### Exhibit on Driver Qualifications

1.	Applicant understands	iat all drivers must be a minimum of 18 years of age.	
	Yes	O No	
2.	mid opput todoug trout if	ext a certified copy of the driver's three (3) year driving record issued by the SC DMV a DMV of the state in which the driver is or has been domiciled for such period must plicant's business office.	
	Yes	Q No	
-	3,		
3,	Applicant understands i	net a criminal history background check from the state where the driver currently lives a Applicant's business office.	
	Yes	O No	
4.	Applicant understands f their possession when o state of residence of the	at all drivers operating a vehicle under a Class C Taxi Certificate must have in perating a charter vehicle, a valid driver's license issued by the SC DMV or the current driver.	
4.		WILLIE & CHAIGI VENICIO & VALIA drivero licence icensed Lycate GO Tradition	
	state of residence of the  Yes	change a charger ventcle, a valid driver's license issued by the SC DMV or the current driver.  \( \text{\text{No}} \) No	
	state of residence of the  Yes  Applicant understands to vehicles to drivers who	friver.	
	state of residence of the  Yes  Applicant understands to vehicles to drivers who	estating a charter venicle, a valid driver's license issued by the SC DMV or the current driver.  O No  at all Class C Taxi Certificate holders are prohibited from employing or leasing re-registered, or required to be registered, as any offenders with the South O. W.	

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Charleston

SWORN TO BEFORE ME
This Ath day of June 2012

When the charleston county of the c

Commission Expires UNIUM JO, 1091